

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami  
(Registration District)

County Jeff

No. 201

St.

I HEREBY CERTIFY that the child described  
herein has been named

Maria Dolores Luvano  
(Give name in full) (Surname)

Refugio Martinez  
(Parent's Signature)

(Signature of Physician or Midwife)

SEX OF CHILD\* Female Twin Triplet or other? { and } Number in order of birth

DATE OF BIRTH\* FEB 26 1928  
(Month) (Day) (Year)

FATHER  
FULL NAME Lorenzo Luvano

MOTHER  
FULL MAIDEN NAME Maria del Refugio Martinez

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M-8-42-Bower Co.

436-226-449